

PLEASE BRING TO YOUR FIRST TRAINING SESSION

Owner Name	_____	Phone	_____
Address	_____	Mobile	_____
	_____	Email	_____
Dog Name	_____	Breed	_____
Dog Colour	_____	D.O.B	_____
Male/female	_____	Neutered?	_____
Microchip	_____	Date of last	_____
Number	_____	inoculation	_____
Vets name and	_____		
address	_____		
Medical history	_____		
(relevant to care during training)			

What do behavioral issues or concerns (if any) regarding your dog?

What do you realistically hoped to achieve by the end of the training course?

From April 2016 identichipping your dog is a legal requirement, this does not replace the legal requirement for ALL dogs to wear a collar along with identity disc displaying its owners name and address and telephone number (although this is optional).

I fully understand that, although every possible care and attention will be given to myself and my dog whilst training, neither Trish Godfrey or a member of the TPL Dog Training team, accepts any responsibility for injury to myself or loss of my dog either from illness or any other cause.

No bitches in season are allowed to train. I understand that any veterinary expenses incurred by my dog whilst being trained with TPL Dog Training s are fully my responsibility.

SIGNED _____(OWNER)DATE _____

Please tick this box if you would like to join our e-mailing list. We only send out information on upcoming courses and workshops and information on what is new at TPL. We promise to keep your details safe and you can unsubscribe at any time

Payment to be made to P. A. Godfrey. Barcalys, Sort Code 20 63 28, Account number 50054046

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Training Workshops Agility One-2-One Home Boarding
